



^{*} Changes must be made by 5:00 pm on October 27

^{*} For language resources, go to page 3

Open Enrollment runs through 5:00 pm on October 27, 2017.



Seattle Department of Human Resources

Susan L. Coskey, Director

October 2017

Dear City Employee,

This guide highlights information about this year's health and welfare benefits Open Enrollment period. Open Enrollment begins Monday, October 2 and ends Friday, October 27, 2017. This is the time of year when you can re-evaluate your benefit coverage needs, make changes to benefits selections for next year, elect your flexible spending accounts and confirm you have named your beneficiaries for Life and AD&D insurance.

Unless you make a change, most of your benefits will carry over to 2018. Exceptions are the **Health Care and Dependent Care (day care) flexible spending accounts.** These accounts do not continue from 2017 and MUST be elected each year.

Other changes you can make through Employee Self-Service by October 27 at 5:00 pm include*:

- Change health plans
- Add or discontinue dependent coverage
- Change beneficiaries
- Add, increase, decrease, or discontinue AD&D insurance
- Add basic life insurance
- Add or discontinue supplemental long-term disability insurance
- Increase or start contributions to the Seattle Shares Giving Campaign. If you are currently donating and do not make any changes, your donation will continue in 2018.

Please contact your department's <u>benefits representative</u> with your questions about Open Enrollment or stop by a Benefits Fair; see page 14. For assistance reading or understanding the Open Enrollment Highlights, please see page 2 for resources.

Thank you for taking the time to review your 2018 benefits.

Sincerely,

Susan L. Coskey

Director, Seattle Department of Human Resources

* Not all this information applies to represented LEOFF 1 and LEOFF 2 members. See your department's Benefits Representative for details.

Contents

For assistance understanding the information in this document	2
Changes you can make ONLY during Open Enrollment	
Changes you can make throughout the year	4
2018 changes	5
Health Care Reform Notice: Grandfathered plan status disclosure	6
Enrollment options	7
Dependent eligibility	8
Premium sharing	9
Optional coverages	12
Finding forms	13
Who to contact if you have questions	13
Benefits fairs and flu shot clinics	14

Changes to your benefits must be made by 5:00 pm on October 27, 2017

Between **October 2 and October 27**, you can make changes to your benefits coverage and add or drop dependents (see checklist on page 3). You must re-enroll if you wish to have a health care and/or dependent care Flexible Spending Account in 2018. Even if you do not wish to make any changes, we encourage you to go online and review/update your beneficiary information.

For accuracy and efficiency, make changes online through Employee Self-Service (ESS) Inweb at http://www.seattle.gov/ess or from PAN at www.seattle.gov; City Employee Resources link in Need Help? section. You can make changes as often as you want until 5:00 pm on October 27; the most recent changes will be saved. Beneficiary updates made via Employee Self-Service are effective immediately.

For assistance understanding the information in this document

Assistance is available for help reading or understanding this document.

- Need to speak with someone in a language other than English? Call the Central Benefits Unit at 206-615-1340 and
 we will help you access Language Line Services. You will have access to an interpreter and a Benefits Unit staff
 member to answer your questions.
- **Hearing impaired?** If you use a TDD, the City provides interpretation services. Call 7-1-1 or 1-800-833-6384 on your TDD. You will be connected with the Washington Relay Service. Give them the number of the party you want to call. They will call the person for you, then interpret information from your TDD to the person you are calling.
- **Visually impaired?** This Benefits Highlights document is available in a larger font. To request an electronic copy, contact the Benefits Unit at 206-615-1340.
- Would rather hear the information than read it? If your understanding is improved by having someone read or
 paraphrase information for you, you are invited to attend a benefits orientation. Orientations cover all City
 benefits and provide ample time for questions. You can meet with the presenter after the session if you have
 additional questions or questions you would like to ask confidentially. Orientations are held every other week.
 Call 206-615-1340 to sign up.

If additional help is needed or you would prefer to speak to someone confidentially, please call the Central Benefits Unit at 206-615-1340.

Changes you can make ONLY during Open Enrollment

Make changes by 5:00 pm on October 27 through Employee Self-Service

• InWeb: http://www.seattle.gov/ess

PAN: http://www.seattle.gov, City Employee Resources under Need Help?

The following changes may be made only during Open Enrollment, unless you experience a qualifying change in family status (see box on this page).

Medi	cal/Dental/Vision coverage*
	Change plans
	Add or drop an eligible family member **
Flexib	ole Spending Accounts (Participants must re-enroll every year)
	Enroll in Dependent Care Flexible Spending Account for 2018
	Enroll in Health Care Flexible Spending Account for 2018
Suppl	lemental Long-Term Disability insurance***
	Enroll in Supplemental LTD; a pre-existing exclusion applies
Life ir	nsurance****
	Add Basic Life or Limited Basic Life coverage
	Change your Basic Life to Limited Basic Life (or vice versa)
	Add or increase Supplemental Life coverage for yourself or family members if you have Basic Life
Accid	ental Death & Dismemberment insurance
	Add or increase coverage for yourself or your family
* Does	s not apply to Local 27 members
	ou add a new dependent during Open Enrollment or any time during the year, you ceive a letter at home from Aon Hewitt, the City's business partner, to submit

seattle.gov/personnel/benefits/life/dependenteligibility.asp.

eligibility verification, visit the Dependent Eligibility Verification page at

documentation to verify dependent eligibility. For more information about dependent

Changing your plan choices outside of Open Enrollment

You may only make changes to your benefits elections outside the Open Enrollment period if family status changes occur in your family. The changes you can make depend on the status change, and must be consistent with it. Call your department's HR representative, or the Central Benefits Unit (206-615-1340) for more information.

Changes in family status are defined as:

- Birth, adoption, placement of a child, or legal guardianship*
- Loss of a child, spouse, or domestic partner's eligibility under another health plan*
- Marriage or formation of a domestic partnership*
- Divorce, termination of a domestic partnership, or legal separation

Eligible Dependents

You must be enrolled before you can enroll your dependents. Dependents eligible to be covered under the City's benefit programs are:

- Your spouse
- Your domestic partner
- Your biological or adopted children, your spouse or domestic partner's children, or any child for whom you are the legal guardian. The child must be under age 26.

To cover a spouse/domestic partner, you must complete an Affidavit of Marriage/Domestic Partnership, available from your HR/Payroll Representative and at personnelweb/benefits/library/forms.aspx. You may need to provide proof of legal guardianship for dependent children.

If the premiums for a domestic partner or partner's child are taken after taxes, you may drop a domestic partner or partner's child any time (without a change in family status) if he/she is not claimed as your IRS tax dependent.

^{***} Does not apply to represented LEOFF 1 and LEOFF 2 members

^{****}Evidence of Insurability (medical history statement) is required if adding or increasing coverage

Changes you can make throughout the year

See your department's benefits representative to make these changes any time:

Med	dical/dental/vision coverage*
	Drop ineligible family members
	Add dependents if you have a family status change (see page 15)
Sup	plemental long-term disability insurance**
	Drop Supplemental LTD
Life	insurance
	Change beneficiary designation
	Drop Basic or Limited Basic Life coverage
	Drop or decrease Supplemental Life coverage for yourself or family members
Acci	dental death & dismemberment insurance
	Change beneficiary designation
	Drop or decrease your or family coverage
Def	erred compensation plan
	Add, change, or drop beneficiary designation
	Enroll or increase contribution
	Stop or decrease contribution
You	r ongoing responsibilities
•	Update your address, telephone number and emergency contact through Employee Self-Service.
•	Review your paycheck deductions frequently. See your HR representative with questions.
•	Update family status changes – such as birth or divorce – through your department's HR/Benefits Representative.
* Do	es not apply to Local 27 members.
**D	pes not apply to represented LEOFF 1 and LEOFF 2 members.

2018 changes

This section outlines changes for the upcoming plan year. Detailed information about all the plans is available:

• On InWeb: http://sdhrweb/, select Benefits tab

• On Seattle.gov: seattle.gov/personnel/benefits/home.asp

All Employees

Flexible Spending Account

Health Care FSA: Increase annual health care FSA plan maximum contribution from \$2,550 to \$2,600.

Employees with Most Benefits Coverage

Aetna Preventive and Traditional Medical Plans

- Teledoc: Add 24/7 medical consultation with a physician by web, phone, or mobile device for selected short-term services. Ongoing consultation with behavioral health providers is also available.
- In Touch Care: Combine disease and case management services so families have a single nurse contact per episode of care.
- Rx Exclusion Drug List: Remove coverage of certain high cost convenience and combination medications which have clinically effective alternatives.
- Pharmacy Counseling: Add Rx counseling program for chronic disease and maintenance medication by increasing pharmacy contact with members to improve medication adherence and reducing gaps in care.

Delta Dental of Washington

• Incentive Plan: Increase incentive plan floor from 70% to 80% for dental fillings, periodontics, endodontics and oral surgery.

VSP

- Basic Plan: Increase lens frequency from every 24 months to every 12 months and increase frame and contact lens allowance to \$175; limiting copay for contact lens exam and fitting to \$60 and separating it from the lens allowance.
- Buy-Up Plan: New services available: each covered member may choose one of the following options each year: \$250 frame allowance; \$200 contact allowance; anti-reflective lens coating; progressive lenses or photochromatic lenses.

Employees with Seattle Police Officers' Guild Coverage

All Healthcare Plans - no changes

Employees with Local 77 IBEW Coverage

All Healthcare Plans - no changes

Health Care Reform Notice: Grandfathered plan status disclosure

The City of Seattle Aetna and Kaiser Permanente medical plans for Most employees and employees who are members of the Seattle Police Officers' Guild are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). The Local 77 IBEW medical Plans are non-grandfathered plans.

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered to non-grandfathered status can be directed to Central Benefits at 206-615-1340.

Enrollment options

The benefit plan and dependent coverage elections you make during Open Enrollment (which ends at 5:00 pm on October 27) are for the 2018 plan year. According to IRS Section 125 regulations, you cannot change your elections outside of the fall Open Enrollment period unless you have a qualifying change in family status (see page 3). If you do not make changes, your plans will remain the same (except FSA participation will stop), and you will pay the designated premium amount.

If you decline medical coverage for yourself and/or family members (you may not decline dental or vision coverage), the following will occur:

- If you have no other medical insurance, you will NOT be eligible to enroll in a medical plan until the next annual Open Enrollment unless you have a qualifying change in family status as defined in the Change in Family Status/Dependent Eligibility section on page 3. Enrollment must take place within 30 days.
- If you have other medical coverage (you may not decline dental or vision coverage) and lose your other coverage, you may enroll in a City medical plan within 30 days of the loss of the other coverage upon providing proof of continuous medical coverage.
- If you have a qualifying change in family status, you may enroll or dis-enroll your eligible dependents within 30 days of the change (or 60 days for a newborn or newly adopted child) of that change.
- If you declined City healthcare coverage and leave City employment or go on a leave of absence, you will not be eligible to obtain the declined medical, dental, or vision coverage through the City under the Federal COBRA law subsequently. However, if you retire you will be eligible to enroll in a City retiree medical plan.

Dependent eligibility

To ensure that the City is treating all employees fairly; operating our plans consistently and in accordance with our plan documents; and appropriately allocating funds, the City verifies the eligibility of all new dependents added to health care plans.

All City employees with City health care coverage are required to provide documentation for their covered dependents. This process is handled by the City's business partner, Aon Hewitt. If you add a dependent during Open Enrollment, you will be asked to provide documentation of the nature of the relationship (such as a marriage license, birth certificate, affidavit of domestic partnership, court documents, etc.) as well as the status of the relationship (such as a Federal tax return, proof of joint ownership, etc.).

Who is an eligible dependent?

- Your legal spouse (unless you are legally separated)
- Your domestic partner, provided that you and your domestic partner
 - Share the same regular and permanent residence and;
 - Have a close personal relationship and;
 - Are jointly responsible for basic living expenses as defined below and;
 - Are not married to anyone and;
 - Are each 18 years of age or older and;
 - o Are not related by blood closer than would bar marriage in the State of Washington and;
 - Were mentally competent to consent to contract when the domestic partnership began and;
 - Are each other's sole domestic partner and are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food and shelter, and any other expenses of a domestic partner. The individuals do not need to contribute equally or jointly to the cost of these expenses as long as they agree they are both responsible for the cost.

• Your children or your spouse's children under the age of 26; includes biological children, adopted children, stepchildren, children of your domestic partner, children for whom you have a qualified court order to provide coverage, and children for whom you are the legal guardian. Age limit does not apply if child is certified as disabled.

Eligible dependents for the City's plans are defined above.

If you discover you are covering an ineligible dependent, they should be removed from City plans.

Contact your department's benefits representative with any questions.

Premium sharing

The below table shows monthly premium contributions for 2018 for employees with Most benefits. SPOG and Local 77 premium contributions are shown on the next two pages. Premium contributions will be divided into two equal payments and taken from the first two paychecks of the month on a pre-tax basis.

Employees with Most Benefits Coverage – 2018 Monthly Health Care Premium

		Employee, with or without children		Employee, with or with			pouse/domestic without children
Plan	Total monthly premium	City pays	Employee pays	City pays	Employee pays		
Medical							
City of Seattle Preventive	\$1,226.07	\$1,177.95	\$48.12	\$1,127.57	\$98.50		
City of Seattle Traditional	\$1,109.70	\$1,109.70	\$ 0.00	\$1,077.36	\$32.34		
Kaiser Permanente Standard	\$1,074.26	\$1,025.86	\$48.40	\$974.36	\$99.90		
Kaiser Permanente Deductible	\$989.38	\$964.38	\$25.00	\$932.46	\$56.92		
Dental							
Delta Dental of Washington	\$111.02	\$111.02	\$0.00	\$111.02	\$0.00		
Dental Health Services	\$150.46	\$150.46	\$0.00	\$150.46	\$0.00		
Vision							
Basic Plan	\$9.46	\$9.46	\$0.00	\$9.46	\$0.00		
Buy-Up Plan	\$19.82	\$9.46	\$10.36	\$9.46	\$10.36		

Go to http://www.seattle.gov/personnel/benefits/library/forms.asp for 2018 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children. Scroll to the Health Care section and open the Non-IRS Dependent Coverage Values document.

^{*}Includes employees covered by SPMA LEOFF 2 contracts. Does not include CMEO Local 77, Fire Chiefs and SPMA LEOFF 1. See Open Enrollment letter for full rate information or contact your Human Resources representative

Employees Covered by SPOG Contract – 2018 Monthly Health Care Premiums (With or without Children or Spouse/Domestic Partner)

Plan	Total monthly premium	City pays	Employee pays
Medical			
City of Seattle Preventive	\$1,557.86	\$1,479.98	\$77.88
City of Seattle Traditional LEOFF I LEOFF II Kaiser Permanente Standard Plan	\$1,155.68 \$1,388.96 \$1,332.81	\$1,097.90 \$1,319.52 \$1,066.25	\$57.78 \$69.44 \$266.56
Kaiser Permanente Deductible Plan	\$987.96	\$938.56	\$49.40
Dental			
Delta Dental of Washington	\$115.87	\$115.87	\$0.00
Dental Health Services	\$178.74	\$178.74	\$0.00
Vision			
Vision Service Plan	\$28.81	\$28.81	\$0.00

For 2018 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to seattle.gov/personnel/benefits/library/forms.asp. Scroll to the Health Care section and open the Non-IRS Dependent Coverage Values document.

Employees Covered by I.B.E.W. Local 77 Contract – 2018 Monthly Medical Premiums* (With or without Children or Spouse/Domestic Partner)

Plan	Total monthly premium	City pays	Employee pays
Medical			
City of Seattle Preventive	\$1,547.13	\$1,392.43	\$154.70
City of Seattle Traditional	\$1,584.46	\$1,426.02	\$158.44
Kaiser Permanente Standard	\$1,225.31	\$1,102.79	\$122.52

		Employee, with or without children			pouse/domestic without children
Plan	Total monthly premium	City pays	Employee pays*	City pays	Employee pays
Local 77 / Most medical plans					
City of Seattle Preventive	\$1,234.20	\$1,186.08	\$48.12	\$1,135.70	\$98.50
City of Seattle Traditional	\$1,251.42	\$1,251.42	\$ 0.00	\$1,219.08	\$32.34
Kaiser Permanente Standard	\$1,082.92	\$1,034.52	\$48.40	\$983.02	\$99.90

Plan	Total monthly premium	City pay	Employee pays
Dental			
Delta Dental of Washington	\$114.91	\$114.91	\$0.00
Dental Health Services	\$175.59	\$175.59	\$0.00
Vision			
Vision Service Plan	\$11.85	\$11.85	\$0.00

For 2018 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to seattle.gov/personnel/benefits/library/forms.asp. Scroll to the Health Care section and open the Non-IRS Dependent Coverage Values document.

^{*}Does not include employees covered by CMEO Local 77 contract. See your Open Enrollment letter for rate information or contact your Human Resources representative.

Optional coverages

Accidental Death and Dismemberment (AD&D):

You choose a coverage amount in increments of \$25,000 up to \$500,000. Go to seattle.gov/personnel/benefits/optional/add.asp for plan information.

Flexible Spending Accounts (FSAs)

To set up accounts for 2018, you must enroll by October 27 through Employee Self-Service. The maximum contribution for a health care FSA will increase to \$2,600 per employee. For more plan information, go to http://www.seattle.gov/personnel/benefits/optional/flexible.asp

Group Term Life (GTL):

http://www.seattle.gov/personnel/benefits/optional/life.asp

View an interactive presentation about the plan at https://www.standard.com/edu/city-seattle/17541

Long-Term Disability (LTD):

http://www.seattle.gov/personnel/benefits/optional/disability.asp

View an interactive presentation about the plan at www.standard.com/presentations/seattle/

Finding forms

Affidavit of Marriage/Domestic Partnership

seattle.gov/personnel/benefits/library/forms.asp, Change in Family status section

Termination of Marriage/Domestic Partnership

seattle.gov/personnel/benefits/library/forms.asp, Change in Family status section

Medical History Statement (Evidence of Insurability)

seattle.gov/personnel/benefits/library/forms.asp, Life Insurance section

Who to contact if you have questions

If you have questions, contact the following organizations. The Seattle Department of Human Resources Central Benefits Unit can be reached at 206-615-1340.

Aetna	877-292-2480	AetnaNavigator.com
Kaiser Permanente (formerly Group Health)	888-901-4636	kp.org/wa
Vision Service Plan	800-877-7195	<u>VSP.com</u>
		click on "Members and Consumers"
Delta Dental of Washington	206-522-2300 or	<u>DeltaDentalWa.com</u>
	800-554-1907	
Dental Health Services	206-788-3444	DentalHealthServices.com/cityofseattle
	877-495-4455	
Nationwide	855-550-1757	<u>cityofseattledeferredcomp.com</u>
Resources for Living Employee Assistance	888-272-7252	ResourcesforLiving.com
Program	TTY: 888-879-8274	Username: city of seattle
		Password: city of seattle
Life, AD&D, LTD Disability		Your Department/HR Representative
Navia Benefits Solution	800-669-3539	<u>Naviabenefits.com</u>

Benefits fairs and flu shot clinics

Date	Location	Time
Thursday, October 5	City Hall – Bertha Knight Landes Room 600 4th Avenue 98104 (Enter at 5th and Cherry)	9:30 am – 2:30 pm
Thursday, October 12	Bitter Lake Community Center 13035 Linden Avenue North 98133	7:30 am – 10:00 am*
Thursday, October 19	Rainier Community Center 4600 – 38th Avenue South 98118	7:30 am – 10:00 am*

^{*} Flu shots will be available until 10:30 am.

In addition to the Benefits Fairs, flu shots will be offered at City and King County worksites. See the Benefits Calendar at seattle.gov/personnel/benefits/home.asp.

Flu shots will be available at all fairs.

- Aetna Preventive, Local 77 Traditional members and Kaiser Permanente members shots are free at all flu shot clinics when you bring your medical card.
- Fire Fighters Local 27, SPOG Traditional members and Most Traditional members may purchase flu shots this year for \$30.



Seattle Department of Human Resources

Benefits Unit 700 Fifth Avenue, Suite 5500 PO Box 34028 Seattle WA 98124-4028

RETURN SERVICE REQUESTED

Open Enrollment for 2018

Ends at 5:00 pm on <u>October 27, 2017</u>

IMPORTANT: If you have access to Employee Self-Service, please make your changes on line. If you do not have access, paper forms are due to your Department's Human Resources representative by **5:00 pm on October 27.**